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ABSTRACT

This report describes the impact of nurse consultant services to child care programs in Colorado on the children, parents, and staff of the centers they serve as part of the Healthy Child Care Colorado (HCCC) initiative. Study participants included 25 child care center directors and 24 nurse consultants, representing large and small centers in both urban and rural areas in the state. Qualitative data were collected through telephone interviews. Findings indicated that directors valued the consultants' services and appreciated the medical information, staff training, and health referrals they provided. Directors sought consultants with pediatric experience, who were personable, and compatible with staff. One-third of the consultants felt that some directors resented their presence, with some citing their fees as a possible cause of resentment, and others citing the legal requirement to engage a nurse consultant. Directors cited difficulties in defining job duties, setting expectations for nurse consultants, and in nurse availability. Despite challenges for each, directors and nurses agreed on three ingredients necessary for an ideal nurse-director relationship: open communication, mutual willingness and availability to participate in consultant process, and a good nurse-staff relationship. Nurses and directors also agreed upon seven impacts of consultants on center health and safety: (1) fewer child sick days; (2) fewer staff sick days; (3) better adherence to universal precautions; (4) higher immunization rates; (5) improved immunization recordkeeping; (6) more children screened and referred for

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additional services; and (7) staff and parents knowing when to keep a sick child home. Appended to the report are the interview questions and phone script. (KB)

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Outcome Evaluation

Healthy Child Care Colorado 2002

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Executive Summary

Child care center directors value the services of nurse consultants. Over 90 percent of the directors randomly selected for this study recognize and appreciate the expertise and partnership of the nurse consultants whose services they contract. They mostly appreciate the medical information, staff training, and health referrals that nurses provide. Several directors told us, "now we're reassured we get accurate answers about health-related questions." Other directors value nurses for the "help they provide in dealing with parents around medical issues." Many directors claim their staff are "more educated about children's illnesses and when to send them home" and "even more compliant regarding safety rules and universal precautions." They also say, "she helps us meet our health standards for infectious disease and immunizations."

When asked about the kind of nurse that is best suited for consulting with child care centers, directors said they look for a nurse who has pediatric experience, is personable, and compatible with staff. "The nurse consultant needs to have time to hear our concerns," and have "patience with staff and kids as well as the ability to listen." The ideal nurse consultant has an RN or BSN degree, has good communication skills, is easily reached by phone, and understands child development. Directors also want nurses who have "good bedside manner with diverse groups of children, parents, and staff." A nurse who has a child of her own enrolled at the center has an extra advantage, according to directors, since "she would have a personal interest" in the facility.

Although the majority of directors who participated in our study value nurse consultants, a third of the study nurses feel that some directors resent their presence. "You have to prove yourself. If the director doesn't accept you neither do the staff." Some nurses cited money as a possible cause of resentment: "When money is not available, directors resent doing this. They (directors) say, "don't come in because it costs too much." Nurses believe the resentment is not as much related to the nurse as it is to the laws requiring centers to engage a nurse consultant.

Directors likewise face challenges in working with nurse consultants. Defining job duties and setting expectations for nurse consultants can be confusing. "I don't know what to expect, what the State wants, or if we even need one [nurse consultant]." Nurse availability can also be challenging: "Since she serves other schools, catching her in the office is tough."

Despite challenges for each, directors and nurses agree completely on the three ingredients required for an ideal nurse-director relationship. They are (1) good and open communication between directors and nurses; (2) mutual willingness and availability of each to participate in the consultation process; (3) a good relationship between nurse and staff. Nurses want directors to "trust us enough to call and ask what to do if health issues arise," and directors want nurses who are "available throughout the month by phone and who come out to visit regularly." Almost half of the directors in the study mentioned the importance of having a "nurse who works well with staff and community members." Nurses, too, talked about the importance of a "good relationship with director and staff."

Most importantly, nurses and directors agreed on seven impacts they say nurse consultants are having on health and safety in centers: (1) fewer child sick days; (2) fewer staff sick days; (3) better adherence to universal precautions; (4) higher immunization rates; (5) improved immunization record keeping; (6) children screened and referred for additional services; and (7) staff and patents knowing when to keep a sick child home. Nurses said they are seeing "improved hand-washing and hygiene among center and kitchen staff" and "more consistency in the way [health matters] are handled." They also feel "kids are finishing their antibiotics better" and "parents are more comfortable with medication administration" at centers. Also, "there's better awareness of speech development and detection of problems." Directors feel "immunization records are in much better shape" and are "more comfortable with the medication administered by staff." One director summed it all up when she said, "everyone benefits – kids, parents, teachers are all healthier and more educated," because of nurse consultants.

Outcome Evaluation
Healthy Child Care Colorado 2002

Background:

Since its inception in 2000, the Nurse Consultant component of Healthy Child Care Colorado has conducted process evaluations as the program unfolded. These evaluations specifically assessed the effectiveness of nurse consultant training, the penetration of nurse consultants in the industry and barriers that child care centers may have experienced in enlisting the services of a nurse consultant. Now that over one hundred nurse consultants have been trained -- some of whom have been providing services in Colorado communities for over a year -- it is time to measure what impact their services may have had on the children, parents and staff of the child care centers they serve.

Purpose of the Evaluation:

Although the one-year mark may be too early to assess the ultimate impacts of nurse consultant services on the health and well-being of children in centers, it is appropriate to measure short- and intermediate-term outcomes. Certainly, in several centers, there has been adequate opportunity to detect success indicators such as fewer sick days for both kids and staff, increased parent knowledge regarding when it is appropriate to keep a sick child home, increased comfort in administering medication among center staff, improved immunization record keeping at centers, and increased staff adherence to universal precautions. The assumption can then be made that the achievement of these intermediary accomplishments should logically lead to improved health and safety for children. This study also includes measures intended to assess the ongoing development of nurse consultant-center director relationships.

Study Participants:

Twenty-five child care center directors and 24 nurse consultants participated in the study. They represented large and small, urban and rural areas throughout Colorado. All except one of the study nurses had participated in the extensive nurse consultant training session designed and conducted by Linda Satkowiak, ND, RN and Jane Cotler, MS, RN of Healthy Child Care Colorado (HCCC). Thirteen of the 23 HCCC trained nurse consultants had been using training skills for at least one year (expanded role) at the time of the study. The following table outlines participant distribution.

		Center Directors	Nurse Consultants	SUB TOTAL	TOTAL
Urban	Large Centers*	11	14	25	31
	Small Centers	4	2	6	
Rural	Large *	7	4	11	18
	Small	3	4	7	
	TOTAL	25	24		49

* 'Large' centers were defined as those enrolling 40 or more children.

Methodology:

Each director and nurse consultant participated in a 20 to 30 minute qualitative phone interview conducted between November 2002 and February 2003. Although the topical areas for both nurse consultants and center directors were the same, the actual questions varied slightly between the two groups. Topical areas are as follows:

- Linking Child Care Centers with Nurse Consultants
- Nurse Consultant Qualifications
- Director Expectations and Openness to Nurse Consultants
- Challenges for Directors and Nurse Consultants
- Ideal Partnership Between Nurse Consultants and Center Directors
- Benefits of Nurse Consultants
- Impact of Nurse Consultants on Health and Safety

After interviews were complete, responses were sorted into categories that emerged from the interview data using an Excel spreadsheet format. Response frequencies within each response category were then tabulated for center directors and nurse consultants separately. The frequency distributions are included in this report along with supporting quotes for each set of tabulated responses. Each topical area is introduced by a summary section comparing director and nurse consultant aggregate responses. The interview tool and phone script are included at the back of this report.

Nurse Consultant Characteristics:

In addition to the interview questions, nurse consultants were asked to disclose their hourly consulting fee and whether they were in private practice or worked for a public health agency. The average hourly rate for the nurse consultants who participated in this study was $43 per hour. The most frequently cited salary was $45 per hour. The average rural rate was slightly higher than the urban rate among study participants -- $49 versus $41. However, most of the nurse consultants who practiced in rural areas are not paid an hourly contractor fee but instead are salaried through the public health agency where they are employed. One rural nurse consultant barters her services for 'baked goods and other things.' Thirty-three percent of the nurse consultants in this study were public health nurses. The remainder were in private practice. Some nurses provide free or reduced rate services for struggling centers: one nurse does free phone consultation; another charges a reduced rate as long as her child is enrolled at the center.

Linking Nurse Consultants With Child Care Centers

Center Directors: How did you find your nurse consultant?

Nurse Consultants: What is the best way to gain entry into a center that has never used a nurse consultant?

One-fifth of the directors in this study hired a nurse consultant who is the parent of a child currently or formerly enrolled at their facility. Some directors find nurses through affiliated organizations such as a hospital, church or school or are assigned one by the corporate office. Other sources include government agencies, grantors, conferences, HeartSmart Inc., or other referrals from other providers.

Nurse consultants echoed many of the same avenues for entry mentioned by directors as sources for recruitment of nurse consultants. Once contacted, nurses say the best way to gain entry into a center is twofold: to 'let the facility know what you can do for them' and to 'immediately build a trusting and non-threatening relationship.'

Center Directors	Count
Parent of child cared for currently or formerly at the facility	5 (20%)
Provided by corporate office	4 (16%)
Through affiliated organization (hospital, church, school)	4 (16%)
Government agency, or grant funded program	3 (12%)
Relative	2 (8%)
HeartSmart Inc	2 (8%)
Services were advertised by mail or at conference	2 (8%)
Recommended by another provider	1 (4%)
Already on staff when requirement was established	1 (4%)
Internet site	1 (4%)

- "Her kids attend this facility and we met her on graduation day."
- "We don't do the hiring – she was assigned to us by corporate office."
- "We put a notice in the church bulletin."
- "Another provider in our area recommended her."
- "She sent us business cards advertising her services."
- "She did our hearing and vision screening for us."
- "She's my ex-sister-in-law."

Nurse Consultants	Count
Let facility know what you can do for them	13 (50%)
Immediately build a trusting/non-threatening relationship	5 (21%)
Never had to "gain entry" - already worked in facility	5 (21%)
Centers are learning about us by word of mouth	4 (17%)
Be knowledgeable about state requirements and regulations	4 (17%)
Facility director already familiar with me	3 (13%)
Use referral agencies or websites	2 (8%)
Start where you are known, such as your own church or daycare	1 (4%)
Make yourself visible in the community	1 (4%)
Possess multiple skills you can offer the facility	1 (4%)

- "Do a free trial visit and see what you can do for them."
- "Present yourself at centers and offer to research info for them."
- "Let them know what you can offer and explain regulations to them."
- "Walk through center and quickly start to build a good relationship."
- "Get them to buy into my services by first building trust."
- "My daughter's daycare has referred other facilities to me."
- "At first I beat the pavement but now they're desperate for nurses."

Nurse Consultant Qualifications

Center Directors:
What qualifications do you look for in a nurse consultant? All things being equal, what would help you choose one nurse consultant over another?

Nurse Consultants:
How adequate is your training and background experience for consulting in the child care industry?

Directors value a nurse consultant who has pediatric experience and is personable, friendly, and compatible with staff. The nurse should be an RN or BSN, have good communication skills, and the ability to research information. Other nurse characteristics that directors value when hiring a consultant include knowledge of child development, child enrolled in the facility, availability, parent status, and organizational skills. Only one director said she would hire a relative over any other candidate. All things being equal, the nurse who is the most 'kid friendly,' compassionate, congenial, experienced with children, and a parent of a child at the facility would have an advantage over other applicants.

When nurses were asked about the adequacy of their training in preparing them to consult with child care centers, they most often cited the value of the Healthy Child Care Colorado training. One nurse said it was the best program she had been to in 25 years. Otherwise, a background in pediatric nursing, public health, or school health was considered helpful. One nurse felt her ER background was not enough. Another felt adequately prepared by her medical-surgical training.

Center Directors	Count
Qualifications.....	
Pediatric experience/experience with children	13 (52%)
Personable; friendly; child friendly; compatible with staff	10 (40%)
RN/BSN	8 (32%)
Ability to research and answer our questions	6 (24%)
Good communication skills	5 (20%)
Have child enrolled in their child care program	5 (20%)
Knowledge of children's development and needs in general	4 (16%)
Overall nursing experience	4 (16%)
Type of nursing background unimportant	4 (16%)
Availability	3 (12%)
School nurse desired or utilized	3 (12%)
Nurse who is also a parent	2 (8%)
Whatever state requires us to look for	1 (4%)
Would select relative over other candidates	1 (4%)
Organizational skills	1 (4%)

Nurse Consultants	Count
Healthy Child Care Colorado classes gave great training to do job	18 (75%)
Background in pediatrics has helped	9 (38%)
Experience in public health/home health field has helped/would help	7 (29%)
Review course would be helpful/further information needed	6 (25%)
Materials available through training class very valuable in performing job	4 (17%)
Experience as school nurse has been/would be applicable	3 (13%)
My background/experience is applicable to this job	3 (13%)
Background working for HeadStart gives me adequate experience	2 (8%)
ER background has helped	1 (4%)
ER background is not adequate	1 (4%)
Background in medical/surgical nursing is adequate	1 (4%)
Experience as childcare center director is adequate to do the job	1 (4%)
New graduates would not have enough experience in complexities	1 (4%)

Nurse Consultant Qualifications (continued)

Center Directors:
What qualifications do you look for in a nurse consultant? All things being equal, what would help you choose one nurse consultant over another?

Nurse Consultants:
How adequate is your training and background experience for consulting in the child care industry?

Center Directors (continued)

All things being equal……	Count
Experience working with children	8 (32%)
Personality - kid friendly, ability to fit in/get along	7 (28%)
Pediatric background	3 (12%)
Parent of child at facility	3 (12%)
Compassion	3 (12%)
References from other centers	1 (4%)
Would select relative over other applicants	1 (4%)
Communication skills	1 (4%)
Nursing experience in general	1 (4%)
Availability	1 (4%)

- "Familiarity with children and their needs."
- "Ability to deal with kids, especially young ones."
- "Bedside manner with diverse groups of children, parents, staff."
- "Patience with staff and kids; ability to listen."
- "Easy to work with; compatible with staff"
- "Chemistry between nurse and director."
- "Want a mom who is a nurse."
- "[The nurse consultant] needs to have time to hear our concerns."
- "Should have real life experience in nursing and with kids."
- "Someone whose kids go here so they have a personal interest"
- "Good communication skills; reachable by phone when needed."
- "Availability to answer questions and give us advice."
- "Length of experience as a nurse and nurse consultant."
- "The type of nurse doesn't matter."
- "Hard to ask for specific qualifications since we have trouble finding any help."

- "[HCCC] training was excellent…invaluable…best ever."
- "[HCCC] training was the best program I've been to in 25 years."
- "[HCCC] training was a relief – I felt so alone at first."
- "[HCCC] training gave me tools/resources where I can find answers."
- "Having a Peds background should be mandatory – I have lots."
- "I was a nurse at Children's for many years – this work is similar."
- "I have neonatal and Peds experience which is ideal for this."
- "I have pediatric experience in a home setting – good background."
- "Community health or school background seems ideal."
- "My background was not good (Women's Health and ER nurse)."
- "It is hard to write care plans for lay people to interpret."
- "My Med/Surg background helps me see both the parent and child perspective."

Director Expectations And Openness To Nurse Consultants

Center Directors:
What are your expectations of a nurse consultant?

Nurse Consultants:
What experience have you had with centers that do not welcome your services?

Every director who participated in the study said she expects the nurse consultant to serve as a resource for medical information. Sixty percent (15) of participant directors expect nurse consultants to do staff training, forty percent (10) want nurses to maintain immunization and/or medical records and almost a fourth (24%) want nurse consultants to perform health screenings and exams. Less than 20 percent expect nurses to delegate medication administration or distribute written health education materials. One director expected the nurse to have medical conversations with parents. Another thought the nurse consultant could be a source for child social/emotional/development information.

When asked about any feeling that their services were not welcome at centers, nearly half of the nurse participants (42%) said they had no such experience. A third, however, felt that directors resented their presence. Twenty percent said that money issues prevented the center from being able to use a nurse consultant. Three nurses (13%) felt that directors and/or center staff do not value the nurses' services.

Center Directors	Count
Availability as a medical information resource	25 (100%)
Staff training	15 (60%)
Maintain immunization and/or medication records	10 (40%)
Provide screenings and exams	6 (24%)
Delegate medication administration	4 (16%)
Provide informational handouts/pamphlets	3 (12%)
Only what is required by state regulations	2 (8%)
Communicate and work effectively with staff and director	2 (8%)
Act as medical support in speaking with parents	1 (4%)
Provide knowledge base for social/emotional development	1 (4%)

- "Answer questions/provide info on childhood illnesses."
- "Available for consult on difficult issues."
- "Medical information resource."
- "Keep immunization records and do paperwork for infant medical records."
- "Education on contagious diseases and medical certification."
- "Observes kids and advises us on their needs."

Nurse Consultants	Count
No experience with this	10 (42%)
Director/staff resented my presence	8 (33%)
Money issues interfere with center's allowing nurse to do job	5 (21%)
Director/staff don't see value of nurse/s services	3 (13%)
Hard to establish working relationships at centers with power struggles	1 (4%)
School district not stressing importance of nurses' services	1 (4%)
If nurse has questions about adequacy of center, services withdrawn	1 (4%)

- "All were angry at first but came around."
- "One site won't invite us in – just calls when they need something – they aren't clear on the regulations."
- "Director unwilling to use my expertise – afraid to be wrong."
- "When money is not available directors resent doing this."
- "Centers that need me the most have the least money.'
- "A center said they don't have sick kids so don't need my services."

Challenges For Directors And Nurse Consultants

Center Directors: What are the challenges of working with a nurse consultant?

Nurse Consultants: What specific challenges have you surpassed in providing your services to child care centers?

A little over a third (36%) of the directors in this study said there were no challenges in working with a nurse consultant. Some had issues with defining job duties, establishing the position, and setting expectations. Fewer said they are challenged by nurse accountability, availability and competency. Two were challenged by the cost of the nurse's services.

Nurse consultants related many more challenges - only three said there were no challenges. Top challenges for nurses include resentment on the part of the director against the nurse or the regulation, the center's inability to incorporate nurse consultant services into center operations, and the nurse's struggle to establish a good relationship with the director and staff. Lesser challenges for nurse consultants include having to learn new nursing skills, working with cumbersome regulations, staff frustration with the child care profession, not enough manpower, and lack of recognition.

Center Directors	Count
None	9 (36%)
Defining job description/expectations of nurse	4 (16%)
Availability/timeliness of nursing services	3 (12%)
Not having necessary knowledge or experience	3 (12%)
Initial process of setting up position/functions complicated	3 (12%)
Cost of her services	2 (8%)
Difficulty with state requirements	2 (8%)
Policing facility instead of providing medical services	1 (4%)

Nurse Consultants	Count
Resentment about nurse's presence/resentment with laws that require nurse	6 (25%)
Facilities struggle to incorporate/utilize nurse's services	6 (25%)
Establishing good working relationship with director/staff	5 (21%)
No challenges	3 (13%)
Communication between nurse and staff/director	3 (13%)
Nurse had to learn new skills	3 (13%)
The nurse consultant fee is a barrier	2 (8%)
New laws are cumbersome/hard to work with	2 (8%)
Staff is frustrated with their profession so it creates difficulties for us	2 (8%)
Too busy to perform all services we need to perform; not enough manpower	1 (4%)
Not accepted by other medical professionals	1 (4%)

- "Don't know what to expect, what the State wants, if we need one."
- "It's somewhat hard to work her into the process of how we run."
- "Lack a generic job description for her."
- "We had to go through our Board to set up her contract."
- "Since she serves other schools catching her in her office is tough."
- "She is 'policing' us – writes us up – makes it tense."
- "Medication delivery changes and new requirements are nonsense."

- "Have to prove yourself– I'll keep giving info until they appreciate it."
- "They say don't come in because it costs too much."
- "Larger franchised centers feel the nurse has nothing to offer them."
- "The director felt I usurped her power by making medical decisions."
- "They don't know what they don't have until you show them."
- "If the director doesn't accept you neither do the staff."
- "Previous nurse wasn't doing things right; what I changed wasn't OK."
- "I'm not comfortable with delegation of medication. Legality is hard"
- "I'm not a pediatric nurse so I had to take a course and research a lot."
- "MD's don't respect my role or follow my plans."

Ideal Partnership Between Nurse Consultants and Center Directors

Center Directors:
What does an ideal partnership with a nurse consultant look like?

Nurse Consultants:
Describe an ideal trust-based relationship you currently have with a center director.

Nurses and directors are in complete agreement regarding the top three requirements for an ideal relationship: 1) good and open communication; 2) mutual willingness and availability to participate in consultation; 3) good relationship between nurse consultant and staff. Both also agree that the nurse's role must be clearly defined and that cost should not pose a barrier to receiving nurse consultant services. Directors go on to describe the ideal partnership as one where the nurse provides regular visits and education, is knowledgeable, flexible and non-threatening. Nurses add that the ideal partnership is one based on trust and mutual respect.

Center Directors	Count
Readily available for consultation	22 (88%)
Nurse works well with staff and community members	12 (48%)
Good communication	9 (36%)
Provides regular visits	8 (32%)
Provides needed education and medical services for staff	5 (20%)
Knowledge of and ability to work with children	4 (16%)
Flexibility	4 (16%)
Defined role for nurse; nurse carries out defined role	4 (16%)
Non-threatening	2 (8%)
Nursing service is free or state funded	2 (8%)
Manages medication/immunization records	2 (8%)
Already has relationship as parent or church member	1 (4%)
Compassion	1 (4%)

- "Available throughout the month by phone; comes out regularly."
- "Someone at our beck and call when we need consultation."
- "Acts as a sounding board and backs us up."
- "Follows guidelines for what a nurse consultant is supposed to do."
- "Comes out regularly so all staff can attend educational sessions."
- "Good understanding of what is needed at our facility."
- "Good communication – I need to be informed of what she's doing."
- "Answers all calls from us."
- "Understand challenges and red tape of this business."
- "Willing to seek out training for herself if needed."

Nurse Consultants	Count
Open communication	19 (79%)
Willingness to ask and answer questions	12 (50%)
Good relationship with director and/or staff	12 (50%)
Working relationship must be mutual	7 (29%)
Role of nurse should be defined	7 (29%)
Nurse must make clear how she can help the facility	5 (21%)
Must trust each other	4 (17%)
Respect	3 (13%)
Cost should not be a factor that has to be considered	1 (4%)
Nurse knowledgeable about community is more successful	1 (4%)
Facility knowledgeable about how to use nurse is more successful	1 (4%)
Good interpersonal skills on part of nurse	1 (4%)
Drop-in visits should occur	1 (4%)

- "Open communication so we both feel comfortable sharing information."
- "If health issues arise they trust us enough to call and ask what to do."
- "Available time to build a relationship."
- "Nurse must be a people person – politically sensitive."
- "Director buys into program so nurse is consulted before an issue arises."
- "Number one component is teamwork."
- "Trust is important – it takes time to develop."
- "The number one component is teamwork."
- "Nurse must be open to what they want – exercise diplomacy."
- "Must understand I'm a resource person, not a licensing person."

Benefits of Nurse Consultants

Center Directors:
How have your staff benefited from having a nurse consultant? When is a nurse consultant most useful?

Nurse Consultants:
How do you think nurses are best utilized by child care centers?

Over 90 percent of directors interviewed appreciate the expertise and partnership of a nurse consultant. Nurse consultants and center directors alike agree that the most significant benefits of having a nurse consult within a child care center include the staff training, medical information sharing, and health referrals that nurses do. A few directors and over a third (38%) of the nurses who participated in the study also mentioned the value of the parent education that nurses perform.

A few nurses and fewer directors spoke of the benefits of nurse performed disease prevention activities and immunization record keeping. One director and one nurse found value in nursing assistance with licensing requirements. Likewise, only one director and one nurse mentioned child safety as a benefit. Only nurses mentioned the benefit of medication administration training and child education.

Center Directors

Staff benefits…….	**Count**
Staff gets all medical questions answered	13 (52%)
Staff better educated	7 (28%)
More comfortable due to her shared knowledge base	5 (20%)
Helps in dealing with parents around medical issues	3 (12%)
Do not realize any benefit*	2 (8%)
Healthier kids due to physical or referrals provided	2 (8%)
Helps us learn about licensing requirements	1 (4%)
Staff is more compliant with rules and universal precautions	1 (4%)

Usefulness of Nurse consultant	**Count**
Answers our medical questions	12 (48%)
Provides medical backup and authority in dealing with parents	4 (16%)
Maintaining immunization records and/or medication logs	3 (12%)
Provides information on communicable diseases and prevention	2 (8%)
Medical training for staff	2 (8%)
Does required initial physicals for the kids	1 (4%)
Checks on safety of the youngest of kids	1 (4%)

Nurse Consultants

	Count
Training staff re: med. administration, universal precautions, etc.	18 (75%)
Information resource	12 (50%)
Consultation	10 (42%)
Training/education for parents/ resource person for parents	9 (38%)
Maintaining immunization records and medication logs	8 (33%)
Screening/assessment and referral of children as needed	7 (29%)
Prevention - promoting sanitization/preventing spread of disease	6 (25%)
Delegation of medication	5 (21%)
Education for children	3 (13%)
Contact person for other medical professionals	2 (8%)
Nurses should perform whatever duties facility wishes	2 (8%)
Assistance with meeting regulations	1 (4%)
Providing foundation for what's considered safe	1 (4%)
Helping facilities to become independent decision makers	1 (4%)

Note: *Of the two center directors who said they realized no benefit from nurse consultants, one worked with a nurse in the expanded role and the other worked with a nurse who had no additional training.*

Benefits of Nurse Consultants (continued)

Center Directors:
How have your staff benefited from having a nurse consultant? When is a nurse consultant most useful?

Center Directors

- "It's easier to get quick answers to our questions [with a nurse consultant]."
- "We're reassured that we get accurate answers about health-related questions."
- "Questions are answered quickly and information is direct, not second-hand."
- "She knows individual kids so can deal with each one on an individual basis."
- " She helps to keep us disinfected."
- "She helps us meet our health standards (infectious disease, immunization)."
- "I can bounce ideas off someone with a different perspective and expertise."
- "I'm more comfortable knowing she's available for questions."
- "She gives non-judgmental support to staff – makes them feel like they're doing the right thing."
- "Our staff is better educated about children's illnesses and when to send them home."
- "The nurse legitimizes our concerns to parents when the child is sick."
- She took the workload off the director by tracking immunizations and answering questions."
- "We don't really see the benefit; we now have to pay for what she used to do for free."

Nurse Consultants:
How do you think nurses are best utilized by child care centers?

Nurse Consultants

- "[We provide the] education child care providers need to have regarding medical issues."
- "We serve an advisory role – consultation on medications, treatment and universal precautions.'
- "We give them referrals to Child Find, eating disorder clinics, etc."
- "I confer with MD's when needed."
- "I am the community contact person [for the child care center] to deal with other health professional in the community."
- "We assess kids and refer them for speech and hearing."
- "We send the kid home rather than the teacher sending them home."
- "Communication with parents about infectious disease and medications helps tremendously."
- "Medication delegation is a key piece – staff are giving meds in a much safer way now."
- "We gain understanding of the rules and regulations and help them understand them."
- "We serve a big role in prevention – hand-washing, etc."
- "We provide a foundation for what's considered safe."

Impact Of Nurse Consultant On Health and Safety Within Centers

Center Directors:
How has your nurse consultant impacted the health and safety standards of your facility? How did you handle health and safety before you had a consultant?

Nurse Consultants:
What health and safety improvements have you witnessed at centers where you consult? What benefit have you provided for center staff? Parents?

Although independently surveyed, directors and nurse consultants are in remarkable agreement regarding the positive impact of nurse consultants on the health and safety of children cared for in child care centers. Over 50 percent of directors and nearly 100 percent of nurses perceived increased staff comfort with the administration of medications as a direct result of training performed by a nurse consultant. Seven other coincident impacts mentioned by both directors and nurse consultants include: 1) fewer child sick days, 2) fewer staff sick days, 3) better adherence to universal precautions by center staff, 4) higher rates of immunizations, 5) improved immunization record keeping, 6) children screened and referred for additional services, and 7) improved assessment of when to send a sick child home by both staff and parents.

When asked how health and safety issues were addressed before a nurse consultant was on board, nearly 50 percent of directors could not answer the question because they have always had a nurse available to their facility. Other directors told us they would contact the local health department or hospital, 'Ask-A-Nurse, or a local school nurse before they contracted with a nurse consultant. Notably, 40 percent of directors interviewed attributed the development of a trusting relationship with the nurse consultant to efforts put forth by the nurse.

Center Directors

Nurse impact.....	Count
More comfort with meds administration by director or staff	14 (56%)
Trusting relationship between director and nurse	10 (40%)
Fewer kid sick days	8 (32%)
Fewer staff sick days	7 (28%)
Better staff adherence to universal precautions	7 (28%)
Better immunization records	7 (28%)
Little or no impact on safety standards*	4 (14%)
Parents are more informed/know when to keep kids home	4 (14%)
More information available creating a healthier atmosphere	3 (12%)
Make necessary referrals for children needing follow-up	2 (8%)
Staff more aware of when to send kids home	1 (4%)

Nurse Consultants

	Count
More staff comfort and safety with medication administration	21 (88%)
Parents better informed on health, safety, medication issues	8 (33%)
Staff has greater awareness of health and safety issues	8 (33%)
Parents know when to keep sick kids home	7 (29%)
Better hand-washing techniques	6 (25%)
Fewer kid sick days	5 (21%)
Better sanitizing/cleaning techniques	5 (21%)
Screening and referral of children for needed services	4 (17%)
Fewer staff sick days	3 (13%)
Immunizations more up to date/higher rate of immunization	3 (13%)
Taken actions improving safety of facility	3 (13%)

***Note:** *Two of the four directors who said they have not experienced any health and safety impacts have expanded role nurses*

Child Care Center Health and Safety Needs (continued)

Center Directors:
How has your nurse consultant impacted the health and safety standards of your facility? How did you handle health and safety before you had a consultant?

Center Directors (continued)

Before a nurse consultant.....	Count
Facility has always had a nurse available; never without nurse	12 (48%)
Contacted county health department or local hospital	4 (16%)
Called Ask-A-Nurse	3 (12%)
Consulted state rules and regulations	3 (12%)
Referred child to his/her pediatrician	2 (8%)
Consulted with a school nurse or another center	2 (8%)
Consulted with a medically trained family member	1 (4%)
Relied on personal knowledge	1 (4%)

- "Staff and parents are now better about keeping sick kids home."
- "Safety standards are more easily met because of her [nurse] input."
- "Everyone benefits – kids, parents, and teachers are all healthier and more educated\"
- "She can answer questions for me to keep kids safe and healthy."
- "Better immunization records."
- "More comfort with medication administration by staff."
- "Staff is adhering to universal precautions better."
- "Fewer kid sick days because staff stays on top of things now."
- "Director more comfortable with medication administration by staff."
- "Fewer staff sick days."

Nurse Consultants:
What health and safety improvements have you witnessed at centers where you consult? What benefit have you provided for center staff? Parents?

Nurse Consultants (continued)

Staff handling sick kids more appropriately	3 (13%)
Haven't witnessed any improvements in health and safety*	2 (8%)
Staff more aware of speech's role in development	2 (8%)
Families have greater access to resources	1 (4%)
Health records more complete	1 (4%)

- "Hand-washing and hygiene are improved."
- "Staff has learned to sterilize toys, bathrooms and other things."
- "Kitchen help more aware of safety and hygiene."
- "Staff feels more comfortable with the idea of administering medication even though they don't have to."
- "Kids are finishing their antibiotics better."
- "Parents know when to keep sick kids home."
- "Staff understands immunization records better."
- "Parents are more comfortable with the administration of medications."
- "There's more consistency in the way things are handled."
- "I created a formal safety manual for the center'"
- "Playground safety has improved."
- "Families have more help finding resources when they can't afford them."
- "It validates staff when I confirm that a kid needs to go home."
- "There's better awareness of speech development and detection of problems."
- "There's more complete health information on kids now when they enroll.'
- "A weather radio is now in place at each facility."
- "Teachers are communicating with kids more."

*Note: *One of the two nurses who did not think she was making an impact was an expanded role nurse.*

ATTACHMENTS

Directors

1. What qualifications do you look for in a nurse consultant?
2. All things being equal, what would help you choose one nurse consultant over another?
3. What are your expectations of a nurse consultant?
4. What are the challenges of working with a nurse consultant?
5. What does an ideal partnership with a nurse consultant look like?
6. How did you handle health and safety needs before you had a nurse consultant?
7. How have your staff benefited from having a nurse consultant on board?
8. When is a nurse consultant most useful?
9. How has your nurse consultant impacted the health and safety standards in your facility?
10. Describe at least one positive health outcome your center has realized as a result of the nurse consultant assistance.
11. What specific changes have you seen in the health and well being of your children (and their parents) as a result of the nurse consultant intervention?
12. How did you find your nurse consultant?

Nurses

1. What is the best way to gain entry into a center that has never used a nurse consultant?
2. Describe an ideal trust-based relationship you currently have with a center director.
3. How do you think nurses are best utilized by child care centers?
4. What specific challenges have you surpassed in providing your services to child care centers?
5. How adequate is your training and background experience for the services you are asked to provide?
6. What experience have you had with centers that do not welcome your services?
7. What health and safety improvements have you witnessed at centers where you consult?
8. What benefit have you provided for center staff? Parents? (e.g., more parent information, better methods to dec. disease communicability, etc.)
9. What is the best thing you feel you do for children who are cared for in child care facilities?

HCCC Outcome Study Interview Script

Phone Interview Script:

Hi my name is Robin Anderson. I work for a firm that has been hired by Healthy Child Care Colorado to conduct phone surveys with child care nurse consultants and center providers. We are trying to determine what impacts nurses may have had on the health and safety of children in the centers where they consult. Your name was on a list given to me by Linda Satkowiak. Do you have 20 minutes now to talk with me? If not.....

We're talking to nurses and directors of centers that are urban and rural, large and small, and centers that have used an expanded role nurse for different lengths of time. So, before I begin, I need to find out what category you fit in.

- Large or small
- Urban or rural
- Expanded role nurse partnership > one year or < one year

OK, let's get started. But first let me assure you that all of your answers will be kept confidential. No names will be attached to any comments you give but instead everyone's comments will be blended together into one big report. We're interviewing 25 nurses and 25 center directors.

After the nurse interview:

1. Ask demographic questions:
   - What is your nurse consulting fee?
   - Are you in private practice or are you a public health nurse?
   - How long have you been doing child care nurse consulting?
   - Did you attend one of the nurse consultant trainings put on by Jane Cotler and Linda Satkowiak? If so when?

2. Can I have the name and phone number of the Center Director with whom you work? Linda was not able to provide me with that information. Remember that your answers will be kept confidential. I will not discuss anything we have said with the director. (*In actuality, nurses were not able to or were uncomfortable providing director names. As an alternative we secured director lists from local Resource and Referral agencies from which we randomly selected directors from large and small centers from all parts of the state.)*

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